

New Jersey Department of Health and Senior Services
Division of Aging and Community Services
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GLOBAL OPTIONS FOR LONG-TERM CARE (GO) MEDICAID WAIVER PROGRAM

PARTICIPANT HANDBOOK COVER SHEET

The Global Options Participant Handbook and Enrollment Agreement provide an overview of the program and the rights and responsibilities of participating. It is important that you understand the eligibility requirements, services, providers, and also the limitations of this program so you can make informed decisions about your care.

As evidence that you have received the GO Participant Handbook, and that the content of it has been reviewed with you by your Care Manager, please sign below.

This Cover Sheet will be retained in your case file.

The Handbook is yours to keep for future reference.

Issued to:

Participant Name		On (Date)
Legal Representative Name		On (Date)
Signature of Participant	Signature of Legal Representative	

My signature indicates that I have been informed of and understand my rights and responsibilities under the GO Medicaid Waiver program. I have received this information verbally and in writing.